

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Madison Project Inc.			FEC IDENTIFICATION NUMBER ▼ C C00298000		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Madison Project Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 11 / 2015</div>		
Mailing Address PO Box 15179			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">1.00</div>		
City Washington		State DC	Zip Code 20003		Transaction ID : SE.370752
Purpose of Expenditure Online Processing Fees		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 11 / 2015</div>	
Name of Federal Candidate Ronald DeSantis			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">1.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Madison Project Inc.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 26 / 2015</div>		
Mailing Address PO Box 15179			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">3.75</div>		
City Washington		State DC	Zip Code 20003		Transaction ID : SE.370759
Purpose of Expenditure Online Processing Fees		Category/Type 001		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">05 / 26 / 2015</div>	
Name of Federal Candidate Ronald DeSantis			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">4.75</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">4.75</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mr. Paul A Kilgore Signature			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">07 / 27 / 2015</div>

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Madison Project Inc.		FEC IDENTIFICATION NUMBER ▼ C C00298000	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Madison Project Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 22 / 2015	
Mailing Address PO Box 15179		Amount 1.25	
City Washington	State DC	Zip Code 20003	Transaction ID : SE.370764
Purpose of Expenditure Online Processing Fees	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 22 / 2015	
Name of Federal Candidate Ronald DeSantis		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: FL	
Calendar Year-To-Date Per Election for Office Sought 6.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Madison Project Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2015	
Mailing Address PO Box 15179		Amount 1.75	
City Washington	State DC	Zip Code 20003	Transaction ID : SE.370768
Purpose of Expenditure Online Processing Fees	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 06 / 30 / 2015	
Name of Federal Candidate Ronald DeSantis		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: FL	
Calendar Year-To-Date Per Election for Office Sought 7.75		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Mr. Paul A Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
07 / 27 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 4
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NAME OF COMMITTEE (In Full) Madison Project Inc.		FEC IDENTIFICATION NUMBER ▼ C C00298000	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Madison Project Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 02 / 2015	
Mailing Address PO Box 15179		Amount 0.25	
City Washington	State DC	Zip Code 20003	Transaction ID : SE.370774
Purpose of Expenditure Online Processing Fees	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2015	
Name of Federal Candidate Ronald DeSantis		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: FL	
Calendar Year-To-Date Per Election for Office Sought 8.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Madison Project Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2015	
Mailing Address PO Box 15179		Amount 1.00	
City Washington	State DC	Zip Code 20003	Transaction ID : SE.370780
Purpose of Expenditure Online Processing Fees	Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2015	
Name of Federal Candidate Ronald DeSantis		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President State: FL	
Calendar Year-To-Date Per Election for Office Sought 9.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1.25
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Mr. Paul A Kilgore

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Date

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Signature

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Silver Bullet Group Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2015	
Mailing Address 4730 South Fort Apache Road Ste 30		Amount 73500.00	
City Las Vegas	State NV	Zip Code 89147	Transaction ID : SE.370683 Date of Disbursement or Obligation MM / DD / YYYY 07 / 23 / 2015
Purpose of Expenditure Walk Hours/Phones (Non-Contribution Account)		Category/Type 001	
Name of Federal Candidate Ronald DeSantis		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 73509.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	73500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	73509.00

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Mr. Paul A Kilgore

[Electronically Filed]

Date

MM / DD / YYYY
07 / 27 / 2015

Signature